PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885 NESTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate Ash Barther correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated littless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Certificate of Mailing or Transmission 28672 7590 10/23/2008 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. D. PETER HOCHBERG CO., L.P.A. 1940 EAST 6TH STREET Pamela Korzeniowski CLEVELAND, OH 44114 (Signature 01/14/2009 RFEKADU2 00000021 10544265 (Date 01 FC:2501 FILING DATE 300.00 OP ЖРРІДСЬЯНОЙ ИО. FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. RO4082US.RCE 1345 10/544,265 08/02/2005 Joachim Moormann TITLE OF INVENTION: (#40208) PROCESSES FOR THE PRODUCTION OF CHINAZOLINE ALKALOIDS SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE YES \$755.00 \$300.00 \$1,055.00 01/23/2009 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS Erich A. Leeser 1624 544-091000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list D. Peter Hochberg (1) the names of up to 3 registered patent attorneys \cdots Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 Sean F. Mellino (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ·· "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 3 Daniel J. Smola Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) HF Arzneimittelforschung GmbH Werne, Germany Please check the appropriate assignee category or categories (will not be printed on the patent): ... Individual X Corporation or other private group entity ... Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. (\$) X Publication Fee (No small entity discount permitted) X Payment by credit card. Form PTO-2038 is attached. (\$1,070.00) X Advance Order - # of Copies ${\bf X}$ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $\underline{08-2441}$ 5. Change in Entity Status (from status indicated above) · a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Typed or printed name D. Peter Hochberg Registration No. 24

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PTO/SB/21 (09-08)

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TRANSMITTAL		Filing Date	08/02/2005 Joachim Moormann 1624			
FORM		First Named Inventor				
		Art Unit				
(to be used for all correspondence after initial filing)		Examiner Name	Erich A. Leeser			
Total Number of Pages in This Submission 6		Attorney Docket Number	RO4082US . RCE (H90568)			

ENCLOSURES (Check all that apply)								
X Fee Transmit	ttal Form		Drawing(s)			After Allowance Communication to TC		
	Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
Amendment/ After Affida Extension of Express Abar			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocal Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on 0	e Address	X PTOL	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 2-85 / RETURN POST CARD		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name	. Peter Hochberg C	o., L.F	.A.					
Signature D the following								
Printed name D. Peter Hochberg								
Date	January 9	1,200	09	Reg. No.	24,60	3		
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Pamela Korzeniowski

Date

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PTO/SB/17 (10-08)

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PADEN AGE Effective on 12/08/2004. Complete if Known								
Fees pursuant to the Consolidate	Application Num	ber 1	0/544,265					
FEE TRANSMITTAL				Filing Date	0	08/02/2005		
For FY 2009				First Named Inventor Joachim Moormann			ormann	
				Examiner Name Erich A. Leeser			ser	
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1624				
TOTAL AMOUNT OF PAYMENT (\$)1,070.00 XXXX				Attorney Docket No. RO4082US. RCE (#90568				
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.								
For the above-identifie			r is he					
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FEE CALCULATION	11 10-2000.	-				<u> </u>		
1. BASIC FILING, SEARC	H, AND	EXAMINATION F	EES					
·	FILING F	EES		RCH FEES	EXAM	NATION FEE		
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue 330 165 540 270 650 325								
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES	;			•		<u>Fee (\$)</u>	Small Entity	
Fee Description Each claim over 20 (inc	cluding R	eissues)		•		52	! <u>Fee (\$)</u> 26	
, ,						110		
Multiple dependent cla	•	<i>g</i>	/			390	195	
Total Claims E	xtra Clain	<u>rs Fee (\$)</u>	Fe	e Paid (\$)		Multiple	Dependent Claims	
- 20 or HP =	·····	_ X	=	<u> </u>		<u>Fee (\$</u>) <u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims								
- 3 or HP = HP = highest number of indeper	ndent claims	paid for, if greater that	= in 3.					
3. APPLICATION SIZE FE			٠.					
If the specification and d								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
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4. OTHER FEE(S) NON PROBLEM NO 15.00 Fees Paid (\$) 15.00								
Other (e.g., late filing surcharge): Small entity issue fee and publication fee 1,055.00								
SUBMITTED BY								
ignature 27	the Hill	<u> </u>		Registration No. (Attorney/Agent)	24,6	03 Telep	phone 216.771.3800	

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Name (Print/Type) D. Peter Hochberg

Date